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CONFIRMATION NO. 6791

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/588,186	08/02/2006 RULE	424	1616	0528-1187

APPLICANTS

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**** CONTINUING DATA *******

This application is a 371 of PCT/FR05/00197 01/31/2005

**** FOREIGN APPLICATIONS *******

FRANCE 0400987 02/03/2004

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

04/19/2007

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<input type="checkbox"/> Met after Allowance <small>Initials</small>	/DAVID BROWNE/ <small>Examiner's Signature</small>		FRANCE	0	20	1

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TITLE

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